



PUBLIC WORKS CONTRACTORS UNLIMITED UPGRADE APPLICATION

Current Idaho Public Works License Number _____ Date of Application _____

Company Name _____
(Exact name under which the license is to be issued - Maximum 50 characters including punctuation and spaces)

Check for change of address: ☐

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Cell Number _____

E-mail address of contact person _____ Contact Name _____

Business Structure: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Other _____

Date of Organization: _____ State: _____

Sole proprietorship, note your social security number (SSN): _____

Federal Tax ID Number (TIN) or Employer ID Number (EIN): _____

☐ Upgrade to Unlimited for all AAA licenses expiring Jan thru May 2009

License Class & Fee	
<input type="checkbox"/> Unlimited	\$100.00
Reviewed or Audited Financial Statement	

State of _____

County of _____

The undersigned, being duly sworn, deposes and says that they have familiarized themselves with the provisions of the Public Works Contractors License Act as amended; have read the instructions and information contained herein and the foregoing is a true statement of facts concerning the individual, partnership, corporation or other business organization herein named as of the date indicated; that the financial statement taken from the books of said firm or individual is a true and accurate statement of the financial condition of said firm or individual as of the date thereof; that the answers to the foregoing questions are true; and that any depository, vendor or other agency herein named is hereby authorized to supply the Public Works Contractors License Bureau with any information necessary to verify this statement. The individual who signs this application guarantees the truth and accuracy of all statements and answers.

Applicant's Complete Business Name _____ Applicant's Signature _____

Applicant's Printed Name and Title _____ Sworn to me before this date _____

Notary Public Signature _____

NOTARY PUBLIC SEAL

Attach additional pages as necessary.

Please complete this form to charge a credit card. Company name is mandatory to ensure proper application of payment.